

## Health Form

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Hospital and address: \_\_\_\_\_

Does your child have any medical conditions that may require special attention?

Yes or No (circle one)

Special Concerns/Needs: \_\_\_\_\_

Please list medications: \_\_\_\_\_

I give permission for Our Saviour's Lutheran Church staff/volunteers to dispense the following medication to my child at the time and dosage indicated:

I/We do consent to any x-ray, anesthetic, medical, surgical, dental diagnosis, or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am financially responsible for the health care decision for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Boundary Waters Lite Edition

July 9-13, 2012

5th-12th Grade

## Our Saviour's Lutheran Church

19001 Jackson St. NE  
East Bethel, MN 55011

Phone: 763-434-6117

Fax: 763-434-0394

Www.oursaviourslc.org

## Program Contact

Brad Mills,  
Youth Ministry Director

Ext. 120

bmills@oursaviourslc.org





# Boundary Waters Lite Edition 2012 Registration

## Boundary Waters Lite Edition

**For:** 5th–12th grade; adults welcome too!

**Date:** July 9-13, 2012

**Cost:** Approximately \$325 TBD by final numbers; \$75 deposit due with registration by Dec. January 30, 2012.

**What:** Concerned about sending your most valuable young person away for more than a week? Then check out this lite version! This is our first ever canoe trip including all the way down through 5th grade.

This is the LITE edition of our bigger canoe trip that will be a fun 4 night trip to introduce youth to a spiritual experience in the wilderness. It will be a laidback, slower paced canoe trip, only 3.5 hours away from home.

You don't have to be younger to join us as it will also be a great first timer trip or even just another calendar option if you can't join us in August.

Personal gear required but all group gear included.

ONE PERSON PER FORM PLEASE

Student Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

School District: \_\_\_\_\_ OSLC Member (Circle One): Yes No No—please send me Info.

Home Church, if any: \_\_\_\_\_

## Parental Information

Parent/Guardian Name: \_\_\_\_\_

Address if different from child: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address if different from child: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Releases—check all that apply. Please note:** the extreme liability release must be checked for your child to participate in this event.

**Extreme Liability Release:** Boundary Waters is a wilderness experience where there is the potential for some danger or injuries. I hold harmless Our Saviour's Lutheran Church and it's employees and volunteers. I give my permission for my child to engage in extreme activities arising out of the trip, including the travel to and from the destination site.

**Photo Release:** My child has permission to participate in program activities with Our Saviour's Lutheran Church. Any pictures of my child taken during events may be used in the Seeds of Faith Newsletter, OSLC Website, Bulletin Board, Power Point Pictures, etc.

**Rental Car Release:** My child has permission to ride in OSLC sponsored vehicles, travel with an adult leader and/or parent, and participate in offsite activities for church related events.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

More...

**Paying with a credit card? Do you want a receipt? Yes / No (Circle one)**

Office use only:

Paid Ck# \_\_\_\_\_ \$ \_\_\_\_\_ Received by Initial \_\_\_\_\_ Date Received: \_\_\_\_\_

Pay by Credit Card:  Yes /  No  Online/ Our Saviour's web site  At the church

Scholarship Amount Requested \$ \_\_\_\_\_ Scholarship Amount Approved \$ \_\_\_\_\_ Initial \_\_\_\_\_

Route to:  Kay  Program Staff